

**APPLICATION TO DCF EXCEPTIONS PANEL
FOR EXCEPTION TO CH. DCF 56
(FOSTER HOME LICENSING)**

Name – Foster Home / Treatment Foster Home Applicant / Licensee

Address – Applicant / Licensee (Street, City, State, Zip Code)

Telephone Number – Home

Telephone Number – Work

Fax Number

Rule Citations(s) for Which Exception is Requested

Rationale for each request. If additional space is needed, use additional sheets.

☐ Yes ☐ No This exception as been granted to me previously.

Explanation of alternative provisions for each request. If additional space is needed, use additional sheets.

SIGNATURE – Applicant / Licensee

Date Signed

Name – Licensing Agency

Name – Agency Representative

Telephone Number

If recommendation of licensing agency is:

- ☐ Approve application as is
☐ Approve licensing agency alternative
☐ Deny request

Forward to DCF Exceptions Panel

Describe the alternative on an attached document and forward to DCF Exceptions Panel

Return to Foster Home Applicant / Licensee and do not forward to Exceptions Panel

If approved, for what time period?

_____ to _____ (Shall not exceed the period of licensure)

SIGNATURE – Agency Representative

Date Signed

Decision of DCF Exceptions Panel:

- ☐ Approve application as is ☐ Approve application with changes specified below
☐ Approve licensing agency alternative ☐ Deny request
☐ Does not require DCF Exceptions Panel approval

Comments. If additional space is needed, use back of form.

SIGNATURE – Panel Chairperson

Date Signed

The approved exception is granted for the period of: ☐ Current licensure or ☐ _____ to _____

Submit completed form to: DCF Exceptions Panel
DCF/DSP – Room E200
P.O. Box 8916
Madison, WI 53708-8916